

Marazion Surgery

Minutes of the Marazion Surgery Patient Participation Group Meeting on Monday 26th June 2018, at 6.30pm

Present:

Mrs Juliette Benstead
Mr Derek Brown
Mrs Janet Bullock
Mrs Kate Ford
Mrs Jane King
Mr Michael Miller
Mrs Mary Page
Mr Michael Page
Mrs Heather Stewart
Mr Colin Treleven
Dr Neil Walden
Mr Barry Webb
Mrs Ailean Wheeler

Apologies:

Mr Brian Baker
Mrs Mary Baldwin
Mrs Jackie Brown
Ms Tania Cannavo
Mrs Elizabeth Clarke
Mrs Serena Collins
Mrs Margaret East
Mrs Sandra Easterbrook
Mrs Susan Harrison
Mrs Gillian Johnson
Mrs Trudy Jones
Mr Leslie Lipert
Mrs Ann Miller
Mrs Pauline Needham
Mrs Fran Phillips
Ms Jane Richards

1. Minutes of Previous Meeting:

The Minutes of the meeting on 12th March 2018 were agreed to be a true record.

Dr Walden welcomed everyone and was glad to see that so many had attended on such a lovely day. The current heatwave was a contrast to the snow at the time of the last meeting!

Dr Walden pointed out that he would be happy to see the group continue with a patient as the Chair leading the group forward, rather than a doctor. He clarified that a doctor would always attend the meeting in order to ensure the flow of information and that the Practice would provide administrative support.

2. Matters Arising:

- 2.1 *Friends & Family Test:* The results are always posted on the website and in the waiting room, and continue to be extremely positive about all aspects of the surgery.
- 2.2 *Medical Students:* The practice was grateful to patients for being willing to see medical students at the practice. The medical students had also given positive feedback about their experience. The number of medical students was therefore being increased with the next intake and the two newest GP Partners were hoping to lead into becoming a Training Practice for GP Registrars next year. This was very good for the Practice, to become part of the process of teaching the GP's of the future.
- 2.3 *Out of Hours:* Feedback was positive about the new out of hours service that was being run and 'owned' by local General Practice.
- 2.4 *Improved Access to General Practice:* The Practice already offered clinics in the early morning and evening, with doctors and assistant practitioners, however the Practice was due to be involved with a pilot to Improve Access to General Practice. This was a positive step as GP Practices in the locality of Penwith would be working together. Penwith Practices could have links between clinical computer systems, meaning that records could be viewed under this pilot.

- 2.5 *Report from Mr Miller:* Mr Miller was disappointed with the lack of communication following his attendance. JCB would contact them to ask if there were any further feedback documentation.
- 2.6 *West Cornwall Hospital:* Dr Walden felt WCH was safe as a resource for the community and was pleased with the Frailty Clinic assessments that were now available there to stop inappropriate admission to Treliske. The only worry was the age of the building itself, where out-patients was.
- 2.7 *Practice Federation Working:* Dr Walden reported that work was ongoing to enable Practices to work together on initiatives to improve patient care.
- 2.8 *Edward Hain Hospital:* The proposals were still being discussed, in terms of having community beds at another facility nearer the A30 and having a social care hub in St Ives from which community staff could walk to patients' homes.

3. Health Watch Cornwall:

The report of 'GP Access in Cornwall 2017', available on the Health Watch Cornwall website had been viewed and was discussed. It was not possible to focus on results from a particular area of Cornwall however. Dr Walden pointed out that Practices varied widely, usually with things done the way they were due to historical reasons.

At Marazion there were now more part-time doctors, but this was more sustainable in terms of age range and providing cover for colleagues. There was a doctor on call every day for emergencies and home visits. All patients had a named doctor, but could ask to see whichever doctor they preferred for consultations. Survey had shown that clinics on Sundays were not wanted by the public, however there was a small demand for Saturdays, which may become available under the Penwith shared IAGP pilot (see 2.4 above), but it was likely that this would be for terminal care and patients who were very unwell to enable them to avoid admission to hospital. It was noted that nurse or health care assistant appointments on Saturdays may be popular, also planned under IAGP.

Receptionists were due to receive training on how to assist patients to contact or see the most appropriate person for their problem; this included doctors, nurses, minor illness or nurse practitioners and other healthcare professionals within the community. Further information on this could be brought to the next meeting.

Approximately one third of appointments in each doctor's clinic could be pre-booked, with others being bookable on the day. Each day the appointments in two weeks were released, meaning that appointments within that two week period were available to prebook. There was a difficulty in balancing the proportion of prebooked appointment with the demand for appointments on the day. It was noted that some years ago when the majority of appointments could be prebooked up to six weeks in advance, the equivalent of nearly one full day of appointments was wasted every week as patients failed to attend! The rate of patients who failed to attend with the current system was very low and usually for genuine reasons. The use of the text reminders through MJOG were found very helpful by patients and had helped to reduce wasted clinic time.

4. Demand Management:

Mr Treleven, stated that as the husband of a local GP, whenever he heard media coverage about healthcare in the UK, the debate concerned supplying more health care, however the debate almost never raised the issue of measures that could limit the demands for health care. Recently Lord Darzi had said that no conceivable amount of money was enough to fill the bottomless pit of the NHS. Mr Treleven was keen that the NHS/Practice looked at measures to improve the health awareness of patients to prevent them becoming unwell and therefore requiring NHS services long-term. He mentioned specifically the 30-60year age group and promotion of lifestyle advice to prevent conditions such as diabetes which were expensive to the NHS.

There was widespread agreement that such measures were important and this type of initiative was already becoming a priority in the NHS. Dr Ian Chorlton, Chair of Kernow Clinical Commissioning Group had recently given an update on education and initiatives from NHS England that were based on lifestyle, some of which Dr Walden outlined briefly.

The Practice already offered NHS Health Checks and were known to be efficient at the early detection of atrial fibrillation in patients, though new equipment to assist with this was likely to be available shortly.

5. Penwith Integrated Care Forum – Mr Jeremy Preedy:

The Email circulated prior to the Agenda was discussed and Dr Walden outlined the work that was being undertaken. Mr Miller and Mrs King were both very keen to be involved and their contact details would be shared with Mr Preedy, for further information about involvement.

6. Leaflets & Posters:

There was an enquiry about the information in the waiting room, which was often very helpful for patients. This was updated by one of the nursing team with information provided by the NHS and received from charities or local groups.

7. The Waiting Room:

Patients were being encouraged to register for The Waiting Room. There was currently an Email facility for dispensary but this was due to be removed as it was not as safe or as efficient as The Waiting Room.

Application forms and more information about the identification required to be shown were available on the surgery website. If anyone had any problems setting up The Waiting Room at www.thewaiting-room.net there were full instructions available from reception. There was also a password reset button that could be used if required.

8. Date & Time of Meetings:

When the Agenda was due to be circulated, an Email was sent to all members asking whether attending a meeting in the morning, afternoon or evening, and on which day of the week, would be most convenient. Responses showed that a Wednesday evening was preferred, but unfortunately Dr Walden had other commitments. Tuesday evenings were a very close second, hence the meeting that day and the improved attendance. A similar Email would be sent prior to arranging future meetings.

9. Any Other Business:

There were no issues regarding the Practice or the wider area that anyone wished to raise.

10. Date of next meeting:

Another meeting would be held towards the end of the year, probably in November.

Minutes were approved by Dr N Walden, Chairman, on 18th July 2018